

1	Unified Rate Review v2.0.3																											
2																												
3	Company Legal Name:				UnitedHealthcare Life Insurance									State: KY														
4	HIOS Issuer ID:				56744									Market: Individual														
5	Effective Date of Rate Change(s): 1/1/2016																											
6																												
7																												
8	Market Level Calculations (Same for all Plans)																											
9																												
10																												
11	Section I: Experience period data																											
12	Experience Period:				1/1/2014		to		12/31/2014																			
13					Experience Period																							
14					Aggregate Amount		PMPM		% of Prem																			
15	Premiums (net of MLR Rebate) in Experience Period:				\$1		\$1.00		100.00%																			
16	Incurred Claims in Experience Period				\$1		1.00		100.00%																			
17	Allowed Claims:				\$1		1.00		100.00%																			
18	Index Rate of Experience Period						\$0.00																					
19	Experience Period Member Months				1																							
20	Section II: Allowed Claims, PMPM basis																											
21					Experience Period		Projection Period:		1/1/2016		to		12/31/2016		Mid-point to Mid-point, Experience to Projection:		24 months											
22					on Actual Experience Allowed		Adj't. from Experience		Annualized Trend		to Projection Period		Factors		Projections, before credibility Adjustment		Credibility Manual											
23	Benefit Category				Utilization Description		Utilization per 1,000		Average Cost/Service		PMPM		Pop'l risk Morbidity		Other		Cost		Util		Utilization per 1,000		Average Cost/Service		PMPM			
24	Inpatient Hospital				Days		0.00		\$0.00		\$0.00		1.000		1.000		1.000		1.000		0.00		\$253.48		\$4,666.94		\$98.58	
25	Outpatient Hospital				Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		7028.25		349.30		204.58	
26	Professional				Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		13704.57		118.62		135.47	
27	Other Medical				Services		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		35.95		233.85		0.70	
28	Capitation				Benefit Period		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		13885.33		5.84		6.76	
29	Prescription Drug				Prescriptions		0.00		0.00		0.00		1.000		1.000		1.000		1.000		0.00		13458.18		76.62		85.93	
30	Total								\$0.00																		\$532.01	
31																												
32	Section III: Projected Experience:				Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)				0.00%				100.00%				After Credibility				Projected Period Totals							
33					Paid to Allowed Average Factor in Projection Period												0.725											
34					Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$385.84				\$18,983,356							
35					Projected Risk Adjustments PMPM												-0.15				(7,175)							
36					Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$385.99				\$18,990,531							
37					Projected ACA reinsurance recoveries, net of rein prem, PMPM												21.58				1,061,781							
38					Projected Incurred Claims												\$364.41				\$17,928,750							
39																												
40					Administrative Expense Load								10.36%				46.32				2,278,885							
41					Profit & Risk Load								2.00%				8.93				439,303							
42					Taxes & Fees								6.14%				27.44				1,349,999							
43					Single Risk Pool Gross Premium Avg. Rate, PMPM												\$447.09				\$21,996,936							
44					Index Rate for Projection Period												\$531.48											
45					% increase over Experience Period												44609.22%											
46					% Increase, annualized:												2014.46%											
47					Projected Member Months																49,200							
48																												
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be																											
50	disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																											

Product-Plan Data Collection

Company Legal Name:

UnitedHealthcare Life Insurance Company

State: KY

KY

HIOS Issuer ID:

56744

Market:

Individual

Effective Date of Rate Change(s):

1/1/2016

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Kentucky Individual Market Off Exchange Product								
Product ID:		56744KY002								
Metal:		Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic
AV Metal Value		0.781	0.687	0.684	0.689	0.681	0.601	0.619	0.617	0.610
AV Pricing Value		1.002	0.829	0.872	0.876	0.880	0.702	0.738	0.789	0.643
Plan Type:		PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name		Gold Copy Select	Silver HSA 100	Silver Copay Select 1	Silver Copay Select 2	Silver Copay Select 3	Bronze HSA 100	Bronze Copay Select 1	Bronze Copay Select 2	Select Saver
Plan ID (Standard Component ID):		56744KY0020001	56744KY0020002	56744KY0020003	56744KY0020004	56744KY0020005	56744KY0020006	56744KY0020007	56744KY0020008	56744KY0020009
Exchange Plan?		No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%								
Historical Rate Increase - Calendar Year - 1		0.00%								
Historical Rate Increase - Calendar Year 0		0.00%								
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		0.00%								

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

[illegible]

Average Current Rate PMPM	\$0.00									
Projected Member Months	49,200	23,133	6,485	2,097	2,097	2,097	8,513	1,910	1,520	1,348

Section III: Experience Period Information

Warning Alert	Wsht 1 Total
#DIV/0!	\$ 1.00
#DIV/0!	1
#DIV/0!	\$1

[illegible]

#DIV/0!	\$1	Premium Info	EHB Percent of TP, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			state mandated benefits portion of TP that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
		Claims Information	Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			EHB Percent of TAC, [see instructions]	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			state mandated benefits portion of TAC that are other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TAC	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
			Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0								
			Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!								
			Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
#DIV/0!	\$ 1.00											
#DIV/0!	\$ 1.00											

		Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

Warning Alert	Wsht 1 Total	Plan ID (Standard Component ID):	Total	56744KY0020001	56744KY0020002	56744KY0020003	56744KY0020004	56744KY0020005	56744KY0020006	56744KY0020007	56744KY0020008	56744KY0020009	
	OK	\$ 447.09	Plan Adjusted Index Rate	\$443.98	\$503.00	\$415.94	\$437.93	\$439.69	\$441.88	\$352.19	\$370.65	\$396.16	\$322.73
	OK	49,200	Member Months	49,200	23,133	6,485	2,097	2,097	2,097	1,520	1,910	1,348	
	OK	\$21,996,936	Total Premium (TP)	\$21,843,594	\$11,635,901	\$2,697,386	\$918,332	\$922,020	\$926,630	\$2,998,176	\$707,951	\$602,158	\$435,039
			EHB Percent of TP, [see instructions]	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%
			state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
			Other benefits portion of TP	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%
	OK	26,175,080	Total Allowed Claims (TAC)	\$26,177,036	\$12,775,593	\$3,410,906	\$1,102,956	\$1,102,956	\$1,102,956	\$4,343,244	\$974,462	\$775,488	\$588,475
			EHB Percent of TAC, [see instructions]	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%
			state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
OK		Other benefits portion of TAC	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	
		Allowed Claims which are not the issuer's obligation	\$8,248,286	\$3,159,175	\$1,205,727	\$349,821	\$346,616	\$342,610	\$1,920,130	\$400,153	\$284,759	\$239,295	
		Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0										
		Portion of above payable by HHS on behalf of insured person, as %	0.00%										
	OK	17,928,750	Total Incurred claims, payable with issuer funds	\$17,928,750	\$9,616,418	\$2,205,179	\$753,135	\$756,340	\$760,346	\$2,423,113	\$574,309	\$490,729	\$349,180
	OK	1,061,781	Net Amt of Rein	\$1,061,781	\$499,231	\$139,952	\$45,255	\$45,255	\$45,255	\$183,718	\$41,220	\$32,803	\$29,091
			Net Amt of Risk Adj	-\$7,175	-\$3,374	-\$946	-\$306	-\$306	-\$306	-\$1,241	-\$279	-\$222	-\$197
	OK	\$ 364.41	Incurred Claims PMPM	\$364.41	\$415.70	\$340.04	\$359.15	\$360.68	\$362.59	\$284.64	\$300.69	\$322.85	\$259.04
OK	\$ 532.01	Allowed Claims PMPM	\$532.05	\$552.27	\$525.97	\$525.97	\$525.97	\$525.97	\$510.19	\$510.19	\$510.19	\$436.55	
		EHB portion of Allowed Claims, PMPM	\$531.52	\$551.71	\$525.44	\$525.44	\$525.44	\$525.44	\$509.68	\$509.68	\$509.68	\$436.12	